

AS  
11/15/02

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>10/16/02</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>CA</i>	<i>32135</i>	<i>11-14-00</i>
RESPONSE FORMALITY REVIEW	<i>JC</i>	<i>943</i>	<i>03/23/01</i>

Best Available Copy

INDEX OF CLAIMS

- ✓ ..... Rejected
- =" ..... Allowed
- (Through numeral)... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final Original	
1	<i>3/18/02</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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